
Care Co-ordinators attitudes to self-management and their experience of the use of the South West London Recovery College

'I have a strong belief that service users have inner strengths, skills and resources and, with the right support such as courses at the Recovery College, can become experts in their own health and wellbeing and rebuild their lives'

'Self management is an integral part of my own approach which aims to foster independence, increase self-reliance and the service user's sense of responsibility for their own life outcomes'

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Summary

Supporting self-management is a quality standard for mental health services. The South West London Recovery College (SWLRC) enables people to become experts in their own self-care and self-management, and develop the skills they need for living and working. Health and social care staff can have a significant effect on the extent to which people feel engaged and supported in their care, self-management and their journeys of recovery. This evaluation aimed to explore Care Co-ordinators views of service user experience of courses at the SWLRC and to understand care co-ordinators attitudes to self-management.

Key messages:

1. Within 12 months of the SWLRC opening, 66% of Care Co-ordinators across Merton and Wandsworth had experience of service users from their caseload attending courses and rated service user experience at a mean of 7.10 (out of 10).
2. Care Co-ordinators rated self-management as an important process for service users to engage with but thought just over half of service users (54%) on their caseloads were actually capable of engaging in self-management. Care Co-ordinators rated themselves as being reasonably comfortable in supporting service users on their caseload to self-manage their conditions.
3. Significant differences between Care Co-ordinators were found. Those who had not had experience of service users attending courses at the SWLRC had a significantly lower opinion of the importance of self-management, a significantly lower expectation of service users being capable of engaging in self-management but, reported being significantly more comfortable supporting service users to self-manage their condition.

Implications:

1. Evidence shows self-management education appears to work best when it is integrated into healthcare systems and where the learning is reinforced by health and social care professionals during regular follow-up.
2. The recovery focused courses which are co-produced and co-facilitated by Peer Trainers and Mental Health practitioners at the SWLRC receive positive feedback from both service users and Care Co-ordinators.
3. At an organisational level consideration needs to be given to how staff and teams are supported in their work to invest in supporting self-management. Providing training for staff in supporting self-management is not enough.

Introduction

Promoting recovery is central to 'No Health Without Mental Health' (Department of Health, 2011), not only in relation to objective 2 - more people with mental health problems will recover - but also to promotion of well-being and resilience (Objective 1), improving the experience of care (Objective 4), minimising avoidable harm (Objective 5) and reducing stigma (Objective 6). The creation of services that move beyond a focus on symptom reduction and enable people to gain "*greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live*" (Department of Health, 2011) requires fundamental changes in service culture, organisation and workforce (Shepherd et al, 2008). Recovery Colleges form a central part of these changes (SCMH, 2010).

Through adopting an educational rather than therapeutic approach Recovery Colleges focus on developing people's strengths, understanding challenges and how to manage these, learning skills that promote recovery, and gaining confidence and self-belief that develop with recognising ones abilities and potential. As a result they enable people to become experts in their own self-care and self-management, and develop the skills they need for living and working. Although a new concept in the UK and Europe, Recovery Colleges have long been central to recovery-focused mental health services in the USA (in, for example,

Boston, Massachusetts and Phoenix, Arizona). The first UK Recovery College was established at South West London and St George's Mental Health NHS Trust in 2010 and was officially opened by Paul Burstow MP, Minister for Care Services, Department of Health. In 2011, NHS London published *'Mental Health Models of Care for London'* in which the South West London Recovery College was identified as an example of good practice and model of service delivery.

Educating people about their conditions and supporting self-management are important components of clinical guidelines (NICE, 2009; 2006). Supporting self-management is recognised as a quality standard (standard 3) of service user experience within adult mental health services: *'People using mental health services are actively involved in shared decision-making and supported in self-management'* (NICE, 2011). The King's Fund has identified the commissioning of active support for self-management as the number one (out of 10) priority for commissioners in transforming the healthcare system in England (Imison et al, 2011). It is anticipated in the future that healthcare will look more like education – GP's will prescribe you a short course on managing your condition, and when you get home there'll be an e-tutor to help you and a vast array of information about your condition (Mulgan, 2011).

The attitudes and skills of health and social care staff can have a significant effect on the extent to which people feel engaged and supported in their care, self-management and their journeys of recovery. Adult mental health community teams provide much of the long term care and support for people with more complex mental health and social care needs, so they are an obvious source of self management advice, guidance and support. A search of the literature repeatedly identifies the concept of self-management being important in people's recovery (e.g. Turton et al, 2010). However, a literature search proved unsuccessful in identifying surveys of mental health Care Co-ordinators opinions or attitudes to self-management.

The aim of this evaluation is build on the previous two evaluations of the pilot Recovery College which evaluated service user experience after completing courses (Wybourn & Rinaldi, 2010) and longer term service user and service utilisation outcomes (Rinaldi & Wybourn, 2011). This evaluation aims to explore Care Co-ordinators views of service user experience of courses at the South West London Recovery College (SWLRC) and to understand care co-ordinators attitudes to self-management.

Method

This evaluation was a questionnaire survey of Care Co-ordinators in adult community teams in the boroughs of Merton and Wandsworth. These two boroughs were chosen because the Recovery College was originally piloted in Merton in 2009 so it was assumed that Care Co-ordinators should have good day to day understanding and experience of the SWLRC and, Wandsworth have been part of the Co-Creating Health initiative since 2007 with Care Co-ordinators and teams having received training in supporting self-management along with being able to use the SWLRC since September 2010.

Due to a literature search proving unsuccessful in identifying surveys of Care Co-ordinators opinions and attitudes to self-management, and being mindful to Care Co-ordinators job demands, a brief questionnaire was developed for Care Co-ordinators to complete. The questionnaire contained 5 main questions, four of which were scaling questions, a text box for comments and the collection of Care Co-ordinator demographic characteristics. The survey was initially described to General Managers, who then distributed the survey to Team Managers of the adult community teams asking them to distribute to their Care Co-ordinators. All Care Co-ordinators across adult mental health community teams in Merton and Wandsworth were encouraged to participate in the survey. The survey was anonymous

and was sent out once by the General Managers with no additional testing for non-response effects.

Results

Sample characteristics

A total of n=47 Care Co-ordinators from a potential sample of n=74 completed the questionnaire, giving a response rate of 64%. One Psychiatrist completed the questionnaire but because the survey was aimed at Care Co-ordinators the response was excluded. Table 1 provides characteristics of the Care Co-ordinators. The largest response was from community psychiatric nurses and the mean length of time people had been Care Co-ordinators was 7 years.

Table 1: Care Co-ordinator characteristics

	N (%)
Profession	
– Nurse	20 (43%)
– Social Worker	16 (34%)
– Occupational Therapist	7 (15%)
– Psychologist	4 (8%)
Gender	
– Male	29 (62%)
– Female	18 (38%)
Borough	
– Merton	24 (51%)
– Wandsworth	23(49%)
Age (mean and range)	37 years (sd = 7.79)
Length of time as a Care Co-ordinator (mean and range)	7 years (sd = 6.62)

Care Co-ordinator opinion of service user experience of the Recovery College

It was positive to find that 66% (n=31) of Care Co-ordinators had experience of service users from their caseload attending courses at the SWLRC. There were no significant difference between those Care Co-ordinators who had experience of service users from their caseload attending courses at the SWLRC and those who did not by borough ($\chi^2=1.79$ df=1 p=NS), by profession ($\chi^2=2.74$ df=3 p=NS), gender ($\chi^2=0.65$ df=1 p=NS) or length of time as a Care Co-ordinator ($\chi^2=9.35$ df=5 p=NS).

Those Care Co-ordinators who had experience of service users from their caseload attending courses were asked to rate on a scale from 1 to 10, where 1=not very useful and 10=very useful, what the service user experience had been of the SWLRC. Care Co-ordinators rated service user experience at a mean of 7.10 (sd=1.33) suggesting courses are a positive experience for service users.

‘I take people to the college and give them the information about it. I get good feedback from patients. I think they really appreciate a Recovery College especially when leaving hospital where the focus is on medication’

Attitudes to self management

To understand Care Co-ordinators attitudes to self-management all respondents (irrespective of whether service users on their caseloads had attended courses at the SWLRC) were asked to rate how important it is for service users to engage in the self-management of their own condition. Care Co-ordinators rated this on a scale from 1 to 10,

with 1=not very important and 10=very important. Care Co-ordinators rated the importance of service users engaging in the self-management of their condition at a mean of 8.28 (range 5-10, sd=1.28) therefore, rating self-management as an important process for service users to engage with. There were no significant differences between professional staff groups ($F(3,43) = 0.862, p=NS$) or length of time as a Care Co-ordinator ($F(5,41) = 1.49, p=NS$).

'Self management can be improved by care plans involving service users, effective service user engagement and reviewing it regularly. Care co-ordinator should be well aware of clients strengths'

Care Co-ordinators were asked to rate on a scale from 1 to 10, where 1=10% and 10=100%, what percentage of the service users on their caseload were capable of engaging in the self-management of their condition. Care Co-ordinators gave a mean rating of 5.4 (54%) (range 3-10, sd=1.36) indicating that Care Co-ordinators thought that just over half of service users on their caseloads were capable of engaging in self-management. There were no significant differences between professional staff groups ($F(3,43) = 2.072, p=NS$) or length of time as a Care Co-ordinator ($F(5,41) = 0.600, p=NS$).

'Condition can fluctuate with psychosis, but self management is the ultimate goal'

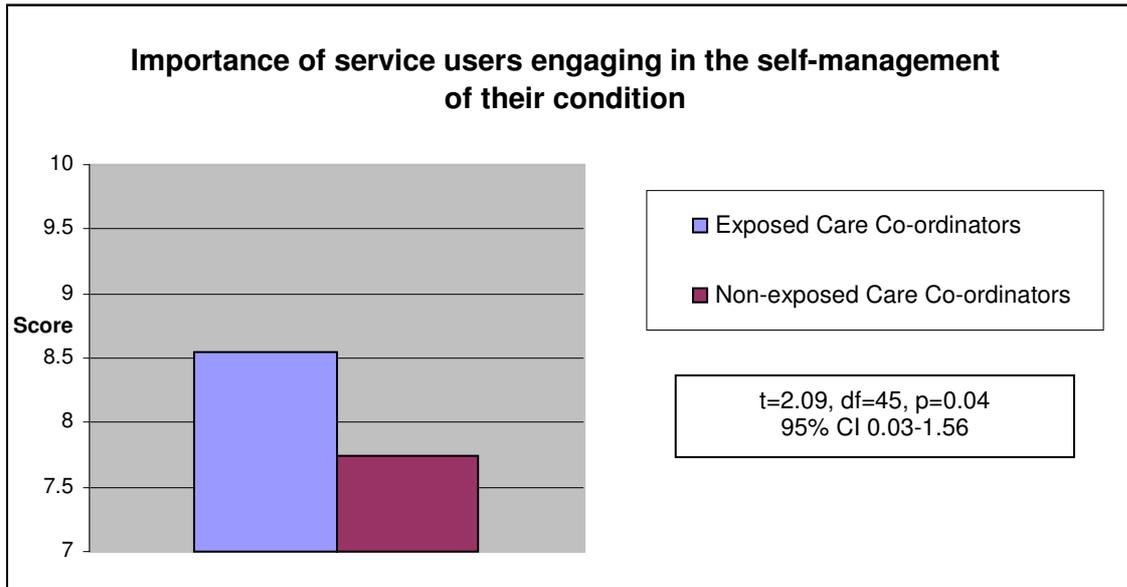
Finally, Care Co-ordinators rated on a scale from 1 to 10, how comfortable they felt in supporting service users on their caseload in the self-management of their condition with 1=not very comfortable and 10=very comfortable. 'Comfort' rather than 'confidence' was chosen as supporting self-management requires a change in the relationship between Care Co-ordinators and service users into a collaborative partnership. Care Co-ordinators gave a mean rating of 8.53 (range 4-10, sd=1.61) therefore, rating themselves as feeling reasonably comfortable in supporting service users on their caseload to self-manage their conditions. There was no significant differences between professional staff groups ($F(3,43) = 0.424, p=NS$) or length of time as a Care Co-ordinator ($F(5,41) = 2.282, p=NS$).

The Recovery College and Care Co-ordinators

Whilst it was positive to find that 66% (n=31) of Care Co-ordinators had experience of service users from their caseload attending courses at the SWLRC, it also showed that 34% (n=16) of Care Co-ordinators had not had service users attend courses. As highlighted, there were no significant differences between these two groups of Care Co-ordinators by borough, profession, gender or length of time as a Care Co-ordinator. Using the three attitudinal questions to self-management (global importance of self-management, specific to caseload and level of comfort) we compared these two groups of Care Co-ordinators – those who had experience of service users from their caseload attending courses and those Care Co-ordinators who did not.

There was a significant difference between those Care Co-ordinators who had experience of service users attending courses at the SWLRC than those who had not in terms of the global importance of engaging in self-management. Care Co-ordinator with experience (exposure) of the SWLRC significantly gave greater importance to service users engaging in the self-management of their condition, see Graph 1.

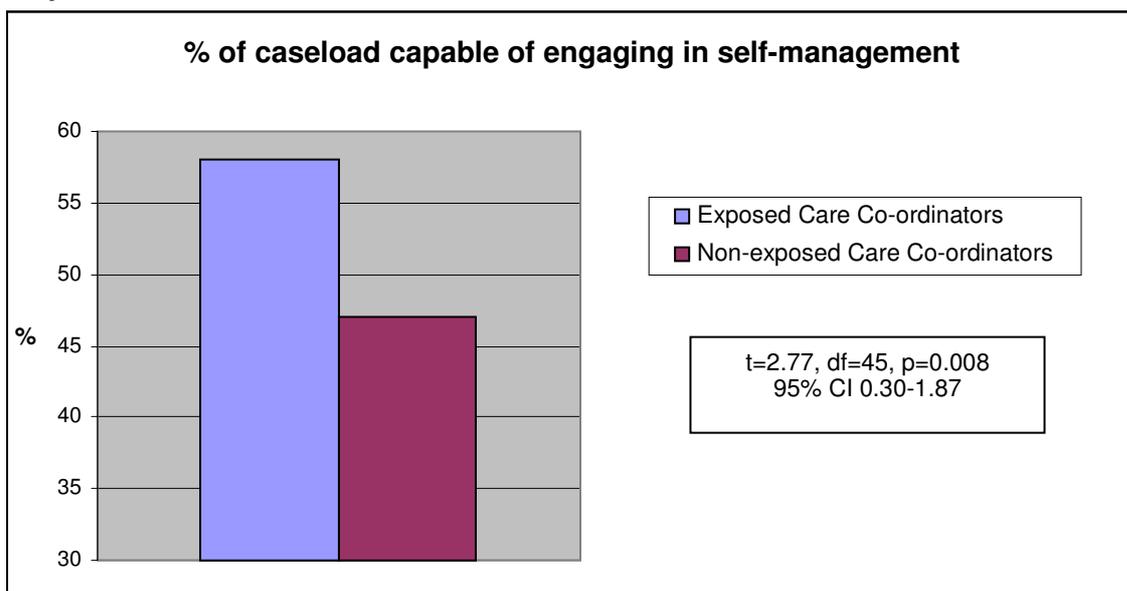
Graph 1



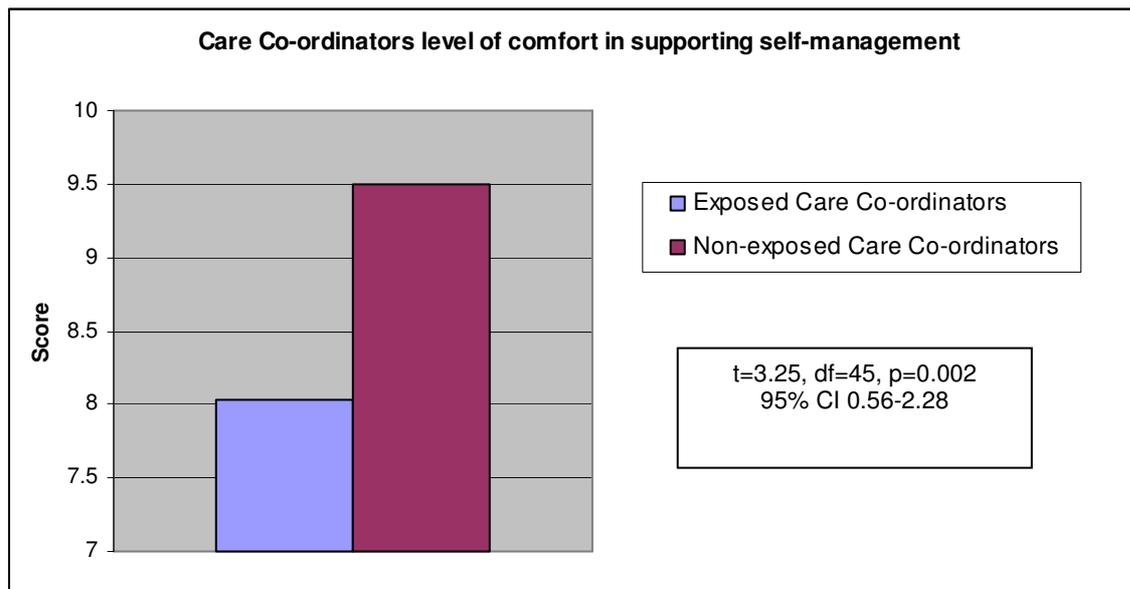
There was also a significant difference between Care Co-ordinators who had experience of service users attending courses at the SWLRC than those who had not in terms of their opinions of what percentage of their own caseload were capable of engaging in the self-management of their condition. Care Co-ordinator with experience (exposure) had significantly higher expectations of service users from their caseload engaging in self-management, see Graph 2.

Finally, there was also a significant difference between Care Co-ordinators who had experience of service users attending courses at the SWLRC than those who had not in terms of their levels of comfort in supporting service users on their caseload in the self-management of their condition. Interestingly, Care Co-ordinators who had not had service users from their caseloads attend courses (non-exposure) reported significantly higher levels of comfort in supporting service users to self manage their condition, see Graph 3.

Graph 2



Graph 3



Overall, Care Co-ordinators who had not had service users from their caseloads attend courses at the SWLRC had a lower opinion of the importance of service users engaging in self-management, had a lower expectation of service users from their caseload being capable of engaging in self-management but, reported being very comfortable in supporting service users to self-manage their condition.

Discussion

This evaluation has shown that within 12 months of the SWLRC opening 66% of Care Co-ordinators across Merton and Wandsworth have had experience of service users from their caseload attending courses. It is encouraging that Care Co-ordinators rated service user experience of the SWLRC at a mean of 7.10 (out of 10). This is a positive finding suggesting service users and Care Co-ordinators are discussing the courses service users have attended and secondly, the feedback of the experience of the courses appears to be positive. This echoes initial course feedback from service users after completing courses for example: in the first quarter of 2011/12, n=290 service users provided feedback on their experience of courses at the SWLRC, 72% agreed or strongly agreed that they felt able to do the things they wanted to do in life as a result of the course; 88% agreed or strongly agreed they felt more hopeful for the future as a result of the course; and 86% agreed or strongly agreed that the course had helped them to set goals that were reasonable and within reach.

NICE (2011) identify supporting self-management as a quality standard of service user experience of adult mental health services. It is encouraging to find that Care Co-ordinators rated self-management as an important process for service users to engage with. However, when specifically asked about service users on their caseloads, Care Co-ordinators considered just over half (54%) were actually capable of engaging in the self-management of their condition.

Care Co-ordinators were asked about their level of comfort in supporting self-management. 'Comfort' rather than 'confidence' was chosen as supporting self-management requires a change in relationship between health and social care professionals and service users into a collaborative partnership shifting the focus from being an expert to one of a coach. It is positive that Care Co-ordinators gave a mean rating of 8.53 (out of 10) suggesting they feel reasonably comfortable in supporting service users on their caseload to self-manage their conditions.

However, an important finding from this evaluation has been that Care Co-ordinators who had not had experience of service users attending courses at the SWLRC had a significantly lower opinion of the importance of service users engaging in the self-management of their condition, had a significantly lower expectation of service users from their caseload being capable of engaging in self-management yet, reported being significantly more comfortable in supporting service users to self-manage their condition.

The SWLRC provides a practical and approachable way of providing self-management education. It is recognised that self-management education appears to work best when it is integrated into healthcare systems and where the learning is reinforced by health and social care professionals during regular follow-up (Coulter, 2011). Health and social care professionals must help service users engage with the information, recognise their experience of dealing with their health condition and be ready to together review alternative strategies (Protheroe et al, 2008; Pulvirenti et al, 2011).

'Not clear what you mean by self management'

Self-management support is viewed in two ways: as a portfolio of techniques and tools that help service users problem solve, set goals, identifying triggers and warn signs and develop coping strategies; and a fundamental transformation of the service user–professional relationship into a collaborative partnership.

There is evidence that several general principles are important when supporting self-management. These include:

- Involving people in decision making;
- Developing care plans as a partnership between service users and professionals;
- Setting goals and following up on the extent to which these are achieved over time;
- Helping people manage the social, emotional, psychological and physical impacts of their conditions;
- Motivating people to self-manage using targeted approaches and structured support;
- Helping people to monitor their symptoms and know when to take appropriate action;
- Promoting healthy lifestyles and educating people about their conditions and how to self-manage and;
- Proactive follow up, including providing opportunities to share with and learn from other service users.

(De Silvia, 2011).

Effectively supporting self-management requires a different approach for health and social care professionals – it is about changing practice and further embedding a recovery focused approach. A conversation exploring how to encourage and support a person engage in their own self-management cannot be had in 5 minutes. Nor can it be added to the end of a clinical consultation. At an organisational level consideration needs to be given to how staff and teams are supported in their work to invest in supporting self-management: providing training for staff in supporting self-management is not enough. To meaningfully enable health and social care staff to support self-management requires leadership, an organisational culture to support this, training and staff supervision (Whitley et al, 2009). The courses which are co-produced and co-facilitated by Peer Trainers and Mental Health practitioners at the SWLRC receive positive feedback from both service users and Care Co-ordinators. To further embed recovery focused practice within the organisation and enable staff to effectively support self-management should we not be considering all training being co-delivered between peer trainers and mental health practitioners to maximize the opportunity for staff to co-create understanding and co-produce knowledge?

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